

STATUTORY DECLARATION
Registration of Fittings
Single or Multiple Fitting Designs within one Fitting Category

I, Barry Rowley, QA Manager
(name of applicant) (position title) (must be in a position of authority)
of NOSHOK, Inc.
(name of manufacturer)
located at 1010 West Bagley Road, Berea, Ohio 44017 USA
(plant address)

In this space, show facsimile of manufacturer's logo or trademark as it will appear on the fitting.



do solemnly declare that the fittings listed hereunder, which are subject to the Safety Codes Act (select only one)

- ☐ comply with the requirements of _____ which specifies the dimensions,
(title of recognized North American Standard)
materials of construction, pressure/temperature ratings and identification marking of the fittings, or
- ☒ are not covered by the provisions of a recognized North American standard and are therefore
manufactured to comply with ASME B31.3-2020 as supported by the
(title of code of construction or other applicable document)
attached data which identifies the dimensions, materials of construction, pressure/temperature ratings and the basis for such ratings, and the identification marking of the fittings.

I further declare that the manufacture of these fittings is controlled by a quality control program which has been verified as described in the below Table as being suitable for the manufacturing of these fittings to the stated standard, regulation, code, guideline or other applicable document. The fittings covered by the declaration for which I seek registration are as provided in the Supplementary Sheet(s) attached.

Quality Program Verification and Manufacturing Sites

A copy of the Quality Certificate from each manufacturing site must be included

Item #	Product Description, Model or Series	Quality Program	Scope of Certification	Expiry Date	Verifying Organization	Location(s) Plant Name and address
1.	SOR-VA-REV0	ISO 9001:2015	SEE QA CERT	22 Oct 2024	EAGLE.	SEE QA CERT.
2.						

In support of this application, the following information, calculations and/or test data are attached:

SOR-VA-REV0

Bury Rhy (Signature of the Declarer) 03/21/22 (Date)

DECLARED before me at BEREA (city) in the STATE of OHIO (province, territory, or state)
this 21ST day of MARCH, 2022 (Month) (Year)

(print) ROBERT K. MANJURA
(a Commissioner of Oaths or Notary Public)

(sign) Robert K Manjura
(a Commissioner of Oaths or Notary Public)

03/30/24
(expiry date (mm/dd/yy))



ROBERT K. MANJURA
Notary Public - State of Ohio
My Commission Expires March 30, 2024

Commissioner of Oaths / Notary Public in and for: OHIO (province, territory, or state)

For ABSA Office Use Only:

NOTES: _____

To the best of my knowledge and belief, the application meets the requirements of the Safety Codes Act and CSA Standard B51, Part 1, Clause 4.2, and is accepted for registration in Category _____.

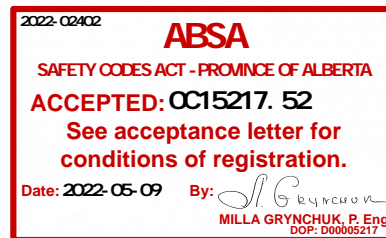
CRN: _____

Registered Date: _____

Expiry Date: _____

Signature: _____
(Signature of the Administrator/SCO)

The information you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Pressure Equipment Discipline



This stamp and signature have been affixed electronically to this registered design as required by Section 20(1) of the Pressure Equipment Safety Regulation, in accordance with the Electronic Transactions Act.